

| CLAIMS ONLY | | | | | | | | Application Number 09851991 | | Filing Date | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|---------------------------------------|--------|-------------|--------|-------|--------|
| | | | | | | | | Applicant(s) | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 11 | | | | | | | | | | | | |
| Total Depend | 31 | | | | | | | | | | | | |
| Total Claims | 42 | | | | | | | | | | | | |

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